

Fill in this information to identify your case:

United States Bankruptcy Court for the:

**District of Hawaii**

Case number (If known): \_\_\_\_\_

Chapter you are filing under:

- ☐ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☒ Chapter 13

☐ Check if this is an amended filing

## Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Identify Yourself

#### 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

#### About Debtor 1:

**Jimmy-Sharod**

First name

**Arnez Gibson**

Middle name

**Tate**

Last name

Suffix (Sr., Jr., II, III)

#### About Debtor 2 (Spouse Only in a Joint Case):

**Jaleceya**

First name

**Arteanna**

Middle name

**Tate**

Last name

Suffix (Sr., Jr., II, III)

#### 2. All other names you have used in the last 8 years

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

First name

Middle name

Last name

**Heartland Homes Realty LLC**

Business name (if applicable)

**Cava Wellness Medical Group P.A.**

Business name (if applicable)

See continuation page.

First name

Middle name

Last name

**Cava Wellness Medical Group P.A.**

Business name (if applicable)

**Heartland Homes Realty LLC**

Business name (if applicable)

#### 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - **8 9 5 1**

OR

9xx - xx - \_\_\_\_

xxx - xx - **1 8 8 6**

OR

9xx - xx - \_\_\_\_

Debtor 1  
Debtor 2

**Jimmy-Sharod  
Jaleceya**

First Name

**Arnez Gibson  
Arteanna**

Middle Name

**Tate  
Tate**

Last Name

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

**4. Your Employer Identification  
Number (EIN), if any.**

8 2 - 4 5 9 7 8 6 1  
EIN

9 9 - 1 5 8 0 0 9 8  
EIN

See continuation page.

**About Debtor 2 (Spouse Only in a Joint Case):**

9 9 - 1 5 8 0 0 9 8  
EIN

8 2 - 4 5 9 7 8 6 1  
EIN

**5. Where you live**

4158 Bougainville Ave Apt B

Number Street

Kapolei, HI 96707-3501

City State ZIP Code

Honolulu

County

**If your mailing address is different from the one above,  
fill it in here.** Note that the court will send any notices to  
you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

**If Debtor 2 lives at a different address:**

Number Street

City State ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill  
it in here.** Note that the court will send any notices to you  
at this mailing address.

Number Street

P.O. Box

City State ZIP Code

**6. Why you are choosing this  
district to file for bankruptcy**

*Check one:*

☒ Over the last 180 days before filing this petition, I  
have lived in this district longer than in any other  
district.

☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Check one:*

☒ Over the last 180 days before filing this petition, I  
have lived in this district longer than in any other  
district.

☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Debtor 1  
Debtor 2

**Jimmy-Sharod**  
**Jaleceya**

First Name

**Arnez Gibson**  
**Arteanna**

Middle Name

**Tate**  
**Tate**

Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Tell the Court About Your Bankruptcy Case

**7. The chapter of the Bankruptcy Code you are choosing to file under**

*Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 1010)). Also, go to the top of page 1 and check the appropriate box.

- ☐ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☒ Chapter 13

**8. How you will pay the fee**

- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

☐ No.

☒ Yes. District Northern District of Georgia When 04/04/2017 Case number 17-56290  
MM / DD / YYYY  
District Northern District of Georgia When 04/04/2017 Case number 17-56290  
MM / DD / YYYY  
District Northern District of Georgia When 11/18/2016 Case number 16-70780  
MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

☒ No.

☐ Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY  
Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

**11. Do you rent your residence?**

☐ No. Go to line 12.

☒ Yes. Has your landlord obtained an eviction judgment against you?

☒ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1  
Debtor 2

**Jimmy-Sharod**  
**Jaleceya**

First Name

**Arnez Gibson**  
**Arteanna**

Middle Name

**Tate**  
**Tate**

Last Name

Case number (if known) \_\_\_\_\_

**Part 3:** Report About Any Businesses You Own as a Sole Proprietor

**12. Are you a sole proprietor of any full- or part-time business?**

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

☒ No. Go to Part 4.

☐ Yes. Name and location of business

\_\_\_\_\_  
Name of business, if any

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

*Check the appropriate box to describe your business:*

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))

☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))

☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))

☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))

☐ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

☒ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.

☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Debtor 1  
Debtor 2

**Jimmy-Sharod  
Jaleceya**

First Name

**Arnez Gibson  
Arteanna**

Middle Name

**Tate  
Tate**

Last Name

Case number (if known) \_\_\_\_\_

**Part 4:** Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

- 14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*



No.



Yes. What is the hazard?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If immediate attention is needed, why is it needed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where is the property?

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

Debtor 1  
Debtor 2

**Jimmy-Sharod  
Jaleceya**

First Name

**Arnez Gibson  
Arteanna**

Middle Name

**Tate  
Tate**

Last Name

Case number (if known) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1  
Debtor 2

**Jimmy-Sharod**  
**Jaleceya**

**Arnez Gibson**  
**Arteanna**

**Tate**  
**Tate**

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Part 6:** Answer These Questions for Reporting Purposes

**16. What kind of debts do you have?**

**16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.  
☒ Yes. Go to line 17.

**16b. Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.  
☐ Yes. Go to line 17.

**16c.** State the type of debts you owe that are not consumer debts or business debts.

**17. Are you filing under Chapter 7?**

☒ No. I am not filing under Chapter 7. Go to line 18.

**Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**

- ☐ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  
☐ No  
☐ Yes

**18. How many creditors do you estimate that you owe?**

- |   |  |  |   |  |
|---|--|--|---|--|
| <input type="checkbox"/> 1-49             | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000 | <input type="checkbox"/> 50,000-100,000 | <input type="checkbox"/> More than 100,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000  |  |   |  |
| <input type="checkbox"/> 100-199          | <input type="checkbox"/> 10,001-25,000 |  |   |  |
| <input type="checkbox"/> 200-999          |  |  |   |  |

**19. How much do you estimate your assets to be worth?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000                     | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000               | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000              | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**20. How much do you estimate your liabilities to be?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000                     | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000               | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000              | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**Part 7:** Sign Below

**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X** /s/ Jimmy-Sharod Arnez Gibson Tate

Jimmy-Sharod Arnez Gibson Tate, Debtor 1

Executed on 08/05/2024

MM/ DD/ YYYY

**X** /s/ Jaleceya Arteanna Tate

Jaleceya Arteanna Tate, Debtor 2

Executed on 08/05/2024

MM/ DD/ YYYY

Debtor 1  
Debtor 2

**Jimmy-Sharod**  
**Jaleceya**

First Name

**Arnez Gibson**  
**Arteanna**

Middle Name

**Tate**  
**Tate**

Last Name

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**X**

**/s/ Ofir Raviv**

Signature of Attorney for Debtor

Date **08/05/2024**

MM / DD / YYYY

**Ofir Raviv**

Printed name

**Square One Legal LLC**

Firm name

**1001 Bishop St. 2850**

Number Street

**Honolulu**

City

**HI**

State

**96813**

ZIP Code

Contact phone **(808) 201-6000**

Email address **ofir@squareonelegal.com**

**10413**

Bar number

**HI**

State



Additional Items: Continuation Page

2. All other names you have used in the last 8 years (cont.)

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

Stonelake Vending Services LLC

Business name

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Your Employer Identification Number (EIN), if any. (cont)

9

3

-

2

8

3

5

8

3

1

EIN

Fill in this information to identify your case:

Debtor 1	<u>Jimmy-Sharod</u>	<u>Arnez Gibson</u>	<u>Tate</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Jaleceya</u>	<u>Arteanna</u>	<u>Tate</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>District of Hawaii</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

## Official Form 106Sum

# Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

### Part 1: Summarize Your Assets

#### 1. **Schedule A/B: Property** (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....	<u>\$503,100.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> .....	<u>\$13,380.00</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....	<u>\$516,480.00</u>

#### Your assets

Value of what you own

### Part 2: Summarize Your Liabilities

#### 2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> .....	<u>\$489,369.00</u>
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#### 3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	<u>\$0.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	<u>+ \$335,915.19</u>

Your total liabilities

\$825,284.19

#### Your liabilities

Amount you owe

### Part 3: Summarize Your Income and Expenses

#### 4. **Schedule I: Your Income** (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	<u>\$11,900.00</u>
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#### 5. **Schedule J: Your Expenses** (Official Form 106J)

Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	<u>\$11,150.00</u>
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Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?
 

☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 ☒ Yes

7. What kind of debt do you have?
 

☒ **Your debts are primarily consumer debts.** *Consumer debts* are those “incurred by an individual primarily for a personal, family, or household purpose.” 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.
 

\$10,600.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:
 

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$96,654.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$96,654.00

Fill in this information to identify your case and this filing:

Debtor 1	<u>Jimmy-Sharod</u>	<u>Arnez Gibson</u>	<u>Tate</u>
	First Name	Middle Name	Last Name
Debtor 2	<u>Jaleceya</u>	<u>Arteanna</u>	<u>Tate</u>
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of <u>Hawaii</u>			
Case number	_____		

☐ Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1 439 Elliott Rd

Street address, if available, or other description

Mcdonough, GA 30252-2779

City State ZIP Code

Henry

County

What is the property? Check all that apply.

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Source of Value: Zillow

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?  
\$503,100.00

Current value of the portion you own?  
\$503,100.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here .....



\$503,100.00

#### Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☒ No
- ☐ Yes

- 3.1 Make: \_\_\_\_\_ Who has an interest in the property? Check one.
- Model: \_\_\_\_\_ ☐ Debtor 1 only
- Year: \_\_\_\_\_ ☐ Debtor 2 only
- Approximate mileage: \_\_\_\_\_ ☐ Debtor 1 and Debtor 2 only
- Other information: \_\_\_\_\_ ☐ At least one of the debtors and another
- ☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \_\_\_\_\_

Current value of the portion you own? \_\_\_\_\_

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
- ☐ Yes

- 4.1 Make: \_\_\_\_\_ Who has an interest in the property? Check one.
- Model: \_\_\_\_\_ ☐ Debtor 1 only
- Year: \_\_\_\_\_ ☐ Debtor 2 only
- Other information: \_\_\_\_\_ ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \_\_\_\_\_

Current value of the portion you own? \_\_\_\_\_

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here ..... →

**\$0.00**

**Part 3:** Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

6. **Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

- ☐ No
- ☒ Yes. Describe. ....

Household goods and furnishings

**\$1,500.00**

7. **Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- ☐ No
- ☒ Yes. Describe. ....

Electronics

**\$1,500.00**

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No☐ Yes. Describe. ....

---

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No☐ Yes. Describe. ....

---

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

☐ No☒ Yes. Describe. ....**12 gage Musburg shotgun****\$250.00****11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No☒ Yes. Describe. ....**Clothes****\$1,000.00****12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No☒ Yes. Describe. ....**Jewelry****\$2,500.00****13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

☒ No☐ Yes. Describe. ....

---

**14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information. ....

---

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....****\$6,750.00****Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?		Current value of the portion you own? <small>Do not deduct secured claims or exemptions.</small>
<b>16. Cash</b> <i>Examples:</i> Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition		
<input type="checkbox"/> No		
<input checked="" type="checkbox"/> Yes .....		Cash: ..... <b>\$25.00</b>
<b>17. Deposits of money</b> <i>Examples:</i> Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.		
<input type="checkbox"/> No		
<input checked="" type="checkbox"/> Yes .....		Institution name:
17.1. Checking account:	<u>Bank of Hawaii</u>	<u>\$0.00</u>
17.2. Checking account:	<u>Chase Bank</u>	<u>\$0.00</u>
17.3. Checking account:	<u>First Hawaiian Bank</u>	<u>\$0.00</u>
17.4. Checking account:	<u>NAVY FCU</u>	<u>\$0.00</u>
17.5. Savings account:	<u>Wells Fargo</u>	<u>\$0.00</u>
17.6. Other financial account:	<u>CashApp</u>	<u>\$84.00</u>
17.7. Other financial account:	<u>CashApp</u>	<u>\$0.00</u>
17.8. Other financial account:	<u>VENMO</u>	<u>\$2.00</u>
<b>18. Bonds, mutual funds, or publicly traded stocks</b> <i>Examples:</i> Bond funds, investment accounts with brokerage firms, money market accounts		
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes ..... Institution or issuer name:		
_____		_____
_____		_____
_____		_____
<b>19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture</b>		
<input type="checkbox"/> No		
<input checked="" type="checkbox"/> Yes. Give specific information about them.....		
Name of entity:	% of ownership:	
<u>Cava Wellness Telehealth Inc. / Assets - none / Liabilities: More than \$150K - inactive.</u>	<u>100.00%</u>	<u>\$0.00</u>
<u>Hearland Home Realty, LLC / no assets / Liabilities \$22K to Chase / Inactive</u>	<u>100.00%</u>	<u>\$0.00</u>
<u>Stonelake Vending / Assets: 1 vending machine \$1.2K / Liabilities: \$23K / Inactive</u>	<u>100.00%</u>	<u>\$0.00</u>

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

☒ No☐ Yes. Give specific  
information about  
them.....

Issuer name:

_____	_____
_____	_____
_____	_____

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No☐ Yes. List each  
account separately.

Type of account: Institution name:

401(k) or similar plan:

Pension plan:

IRA:

Retirement account:

Keogh:

Additional account:

Additional account:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No☐ Yes .....

Institution name or individual:

Electric:

Gas:

Heating oil:

Security deposit on rental unit:

Prepaid rent:

Telephone:

Water:

Rented furniture:

Other:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes ..... Issuer name and description:

_____	_____
_____	_____
_____	_____

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes ..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____	_____
_____	_____
_____	_____

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☒ No☐ Yes. Give specific information about them. ...

_____
-------

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them. ...

_____
-------

**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them. ...

_____
-------

**Money or property owed to you?****Current value of the portion you own?**  
Do not deduct secured claims or exemptions.**28. Tax refunds owed to you**☐ No☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

_____
-------

Federal:

**\$6,519.00**

State:

Local:

**29. Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No☐ Yes. Give specific information. ....

Alimony: \_\_\_\_\_

Maintenance: \_\_\_\_\_

Support: \_\_\_\_\_

Divorce settlement: \_\_\_\_\_

Property settlement: \_\_\_\_\_

**30. Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No☐ Yes. Give specific information. ....**31. Interests in insurance policies**

*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No☐ Yes. Name the insurance company of each policy and list its value. ...

Company name: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Surrender or refund value: \_\_\_\_\_

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information. ....**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples:* Accidents, employment disputes, insurance claims, or rights to sue

☒ No☐ Yes. Describe each claim. ....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim. ....

## 35. Any financial assets you did not already list

☒ No☐ Yes. Give specific information. ....

## 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here .....

**\$6,630.00****Part 5:** Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

## 37. Do you own or have any legal or equitable interest in any business-related property?

☒ No. Go to Part 6.☐ Yes. Go to line 38.**Current value of the  
portion you own?**  
Do not deduct secured  
claims or exemptions.

## 38. Accounts receivable or commissions you already earned

☒ No☐ Yes. Describe. ....

## 39. Office equipment, furnishings, and supplies

*Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices☒ No☐ Yes. Describe. ....

## 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☒ No☐ Yes. Describe. ....

## 41. Inventory

☒ No☐ Yes. Describe. ....

## 42. Interests in partnerships or joint ventures

☒ No☐ Yes. Describe .....

Name of entity:

% of ownership:

**43. Customer lists, mailing lists, or other compilations**

- ☒ No
- ☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?
- ☐ No
- ☐ Yes. Describe. ....

**44. Any business-related property you did not already list**

- ☒ No
- ☐ Yes. Give specific information .....


- 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here .....**

**\$0.00****Part 6:**

**Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
**If you own or have an interest in farmland, list it in Part 1.**

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- ☒ No. Go to Part 7.
- ☐ Yes. Go to line 47.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**47. Farm animals**

*Examples:* Livestock, poultry, farm-raised fish

- ☒ No
- ☐ Yes .....

**48. Crops—either growing or harvested**

- ☒ No
- ☐ Yes. Give specific information. ....

**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**☒ No☐ Yes .....**50. Farm and fishing supplies, chemicals, and feed**☒ No☐ Yes .....**51. Any farm- and commercial fishing-related property you did not already list**☒ No☐ Yes. Give specific information. ....**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here** .....**\$0.00****Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?***Examples: Season tickets, country club membership*☒ No☐ Yes. Give specific information. ....**54. Add the dollar value of all of your entries from Part 7. Write that number here** .....**\$0.00****Part 8: List the Totals of Each Part of this Form****55. Part 1: Total real estate, line 2** .....**\$503,100.00****56. Part 2: Total vehicles, line 5** **\$0.00****57. Part 3: Total personal and household items, line 15** **\$6,750.00****58. Part 4: Total financial assets, line 36** **\$6,630.00****59. Part 5: Total business-related property, line 45** **\$0.00****60. Part 6: Total farm- and fishing-related property, line 52** **\$0.00****61. Part 7: Total other property not listed, line 54** + **\$0.00****62. Total personal property. Add lines 56 through 61.** .....**\$13,380.00**

Copy personal property total

**+ \$13,380.00**

Debtor Tate, Jimmy-Sharod Arnez Gibson; Tate, Jaleceya Arteanna

Case number (if known) \_\_\_\_\_

63. **Total of all property on Schedule A/B.** Add line 55 + line 62. ....

**\$516,480.00**

Fill in this information to identify your case:

Debtor 1 Jimmy-Sharod Arnez Gibson Tate  
First Name Middle Name Last Name

Debtor 2 Jaleceya Arteanna Tate  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Hawaii

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

## Official Form 106C

# Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property		Current value of the portion you own  Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim  Check only one box for each exemption.	Specific laws that allow exemption
Brief description:	<u>439 Elliott Rd</u> <u>Mcdonough, GA</u> <u>30252-2779</u>	<u>\$503,100.00</u>	<input checked="" type="checkbox"/> <u>\$13,731.00</u>	<u>11 U.S.C. § 522(d)(5)</u>
Line from <i>Schedule A/B</i> :	<u>1.1</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	<u>Household goods and furnishings</u>	<u>\$1,500.00</u>	<input checked="" type="checkbox"/> <u>\$1,500.00</u>	<u>11 U.S.C. § 522(d)(3)</u>
Line from <i>Schedule A/B</i> :	<u>6</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No  
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
☐ No  
☐ Yes

Debtor 1 Jimmy-Sharod Arnez Gibson Tate Case number (if known) \_\_\_\_\_  
 Debtor 2 Jaleceya Arteanna Tate  
 First Name Middle Name Last Name

**Part 2:** Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Brief description: <u>Electronics</u> Line from Schedule A/B: <u>7</u>	<u>\$1,500.00</u>	<input checked="" type="checkbox"/> <u>\$1,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(3)</u>
Brief description: <u>12 gage Musburg shotgun</u> Line from Schedule A/B: <u>10</u>	<u>\$250.00</u>	<input checked="" type="checkbox"/> <u>\$250.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(5)</u>
Brief description: <u>Clothes</u> Line from Schedule A/B: <u>11</u>	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(3)</u>
Brief description: <u>Jewelry</u> Line from Schedule A/B: <u>12</u>	<u>\$2,500.00</u>	<input checked="" type="checkbox"/> <u>\$2,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(4)</u>
Brief description: <u>Cash on hand</u> Line from Schedule A/B: <u>16</u>	<u>\$25.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(5)</u>
Brief description: <u>Chase Bank Checking account</u> Line from Schedule A/B: <u>17</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(5)</u>
Brief description: <u>NAVY FCU Checking account</u> Line from Schedule A/B: <u>17</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(5)</u>



Debtor 1 Jimmy-Sharod Arnez Gibson Tate Case number (if known) \_\_\_\_\_  
 Debtor 2 Jaleceya Arteanna Tate  
 First Name Middle Name Last Name

**Part 2:** Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Brief description: <u>First Hawaiian Bank</u> <u>Checking account</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u>	<u>11 U.S.C. § 522(d)(5)</u>
Line from Schedule A/B: <u>17</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <u>Bank of Hawaii</u> <u>Checking account</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u>	<u>11 U.S.C. § 522(d)(5)</u>
Line from Schedule A/B: <u>17</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <u>Wells Fargo</u> <u>Savings account</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u>	<u>11 U.S.C. § 522(d)(5)</u>
Line from Schedule A/B: <u>17</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <u>VENMO</u> <u>Other financial account</u>	<u>\$2.00</u>	<input checked="" type="checkbox"/> <u>\$2.00</u>	<u>11 U.S.C. § 522(d)(5)</u>
Line from Schedule A/B: <u>17</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <u>CashApp</u> <u>Other financial account</u>	<u>\$84.00</u>	<input checked="" type="checkbox"/> <u>\$84.00</u>	<u>11 U.S.C. § 522(d)(5)</u>
Line from Schedule A/B: <u>17</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <u>CashApp</u> <u>Other financial account</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u>	<u>11 U.S.C. § 522(d)(5)</u>
Line from Schedule A/B: <u>17</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <u>Hearland Home Realty, LLC / no assets / Liabilities</u> <u>\$22K to Chase / Inactive</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u>	<u>11 U.S.C. § 522(d)(5)</u>
Line from Schedule A/B: <u>19</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

Debtor 1 Jimmy-Sharod Arnez Gibson Tate Case number (if known) \_\_\_\_\_

Debtor 2 Jaleceya Arteanna Tate

First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption.	Specific laws that allow exemption
Brief description:	<u>Stonelake Vending / Assets: 1 vending machine \$1.2K / Liabilities: \$23K / Inactive</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u>	<u>11 U.S.C. § 522(d)(5)</u>
Line from Schedule A/B:	<u>19</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	<u>Cava Wellness Telehealth Inc. / Assets - none / Liabilites: More than \$150K - inactive.</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u>	<u>11 U.S.C. § 522(d)(5)</u>
Line from Schedule A/B:	<u>19</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	<u>Federal tax</u>	<u>\$6,519.00</u>	<input checked="" type="checkbox"/> <u>\$6,519.00</u>	<u>11 U.S.C. § 522(d)(5)</u>
Line from Schedule A/B:	<u>28</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

Fill in this information to identify your case:

Debtor 1 **Jimmy-Sharod Arnez Gibson Tate**  
First Name Middle Name Last Name

Debtor 2 **Jaleceya Arteanna Tate**  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of **Hawaii**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 106D

# Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

### 1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
☒ Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
Amount of claim	Value of collateral that supports this claim	Unsecured portion
Do not deduct the value of collateral.		If any

2.1	CARRINGTON MORTGAGE	Describe the property that secures the claim:	\$489,369.00	\$503,100.00	\$0.00
Creditor's Name	1600 S DOUGLASS RD STE 1				
Number	Street	439 Elliott Rd McDonough, GA 30252-2779			
ANAHEIM, CA 92806					
City	State	ZIP Code			
Who owes the debt? Check one.		As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent			
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated			
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed			
<input type="checkbox"/> At least one of the debtors and another		Nature of lien. Check all that apply.			
<input type="checkbox"/> Check if this claim relates to a community debt		<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)			
Date debt was incurred 8/26/2022		<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)			
Last 4 digits of account number 3 0 3 0		<input type="checkbox"/> Judgment lien from a lawsuit			
		<input type="checkbox"/> Other (including a right to offset) _____			

Add the dollar value of your entries in Column A on this page. Write that number here: **\$489,369.00**

Fill in this information to identify your case:

Debtor 1 Jimmy-Sharod Arnez Gibson Tate  
First Name Middle Name Last Name

Debtor 2 Jaleceya Arteanna Tate  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Hawaii

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

## Official Form 106E/F

# Schedule E/F: Creditors Who Have Unsecured Claims

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.  
☐ Yes.

### Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.1	<b>333 Hazel LLC</b>	Last 4 digits of account number _____	<b>\$4,829.00</b>
Nonpriority Creditor's Name		When was the debt incurred?	
<u>382 Ne 191st St # 87963</u>		<u>04/05/2024</u>	
Number	Street		
<u>Miami, FL 33179-3899</u>			
City	State	ZIP Code	
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent			
<input type="checkbox"/> Unliquidated			
<input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify _____			

Debtor 1 Jimmy-Sharod Arnez Gibson Tate Case number (if known) \_\_\_\_\_  
Debtor 2 Jaleceya Arteanna Tate  
First Name Middle Name Last Name

Part 2: **Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>4.2</b>	<b>Adecco Staffing</b>	Last 4 digits of account number	_____	<b>\$112,597.46</b>
Nonpriority Creditor's Name		When was the debt incurred? <u>04/2024 - 07/2024</u>		
<u>1001 Bishop St. 2370</u>				
Number Street				
<u>Honolulu, HI 96813</u>				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input checked="" type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>Staffing Agency</u>				

  

<b>4.3</b>	<b>AdvanceMD</b>	Last 4 digits of account number	_____	<b>\$18,000.00</b>
Nonpriority Creditor's Name		When was the debt incurred? <u>06/2024 &amp; 07/2024</u>		
<u>698 W 10000 S</u>				
Number Street				
<u>South Jordan, UT 84095-4031</u>				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input checked="" type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>Vendor</u>				

Debtor 1 Jimmy-Sharod Arnez Gibson Tate Case number (if known) \_\_\_\_\_  
Debtor 2 Jaleceya Arteanna Tate  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<b>4.4</b>	<b>Adventist Health Castle</b>	Last 4 digits of account number	_____	<b>\$209.42</b>
Nonpriority Creditor's Name		When was the debt incurred?	<u>02/27/2024</u>	
<u>3075 E Imperial Hwy Ste 200</u>				
Number Street				
<u>Brea, CA 92821-6753</u>				
City State ZIP Code				
Who incurred the debt? Check one.		As of the date you file, the claim is: Check all that apply.		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent		
<input checked="" type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed		
<input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

<b>4.5</b>	<b>AMERICAN EXPRESS</b>	Last 4 digits of account number	<u>6 1 2 3</u>	<b>\$15,397.00</b>
Nonpriority Creditor's Name		When was the debt incurred?	<u>8/27/2022</u>	
<u>PO BOX 297871</u>				
Number Street				
<u>FORT LAUDERDALE, FL 33329</u>				
City State ZIP Code				
Who incurred the debt? Check one.		As of the date you file, the claim is: Check all that apply.		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent		
<input checked="" type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed		
<input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Jimmy-Sharod Arnez Gibson Tate Case number (if known) \_\_\_\_\_  
Debtor 2 Jaleceya Arteanna Tate  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.6	<b>APPLE CARD/GS BANK USA</b>	Last 4 digits of account number	<u>6 0 4 9</u>	<b>\$2,324.00</b>
	Nonpriority Creditor's Name	When was the debt incurred?	<u>10/11/2022</u>	
	<b>LOCKBOX 6112 PO BOX 7247</b>			
	Number Street			
	<b>PHILADELPHIA, PA 19170</b>	As of the date you file, the claim is: Check all that apply.		
	City State ZIP Code	<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

4.7	<b>CAPITAL ONE BANK USA</b>	Last 4 digits of account number	<u>8 7 5 5</u>	<b>\$8,988.00</b>
	Nonpriority Creditor's Name	When was the debt incurred?	<u>12/21/2021</u>	
	<b>PO BOX 31293</b>			
	Number Street			
	<b>SALT LAKE CITY, UT 84131</b>	As of the date you file, the claim is: Check all that apply.		
	City State ZIP Code	<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>FlexibleSpendingCreditCard</u>		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

Debtor 1 Jimmy-Sharod Arnez Gibson Tate Case number (if known) \_\_\_\_\_  
Debtor 2 Jaleceya Arteanna Tate  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<b>4.8</b>	<b>CAPITAL ONE BANK USA</b>	Last 4 digits of account number	<u>9 7 7 4</u>	<b>\$5,576.00</b>
Nonpriority Creditor's Name		When was the debt incurred?		
<b>PO BOX 31293</b>		<u>5/30/2018</u>		
Number Street				
<b>SALT LAKE CITY, UT 84131</b>		As of the date you file, the claim is: Check all that apply.		
City State ZIP Code		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

<b>4.9</b>	<b>CAPITAL ONE BANK USA</b>	Last 4 digits of account number	<u>3 1 3 8</u>	<b>\$4,089.00</b>
Nonpriority Creditor's Name		When was the debt incurred?		
<b>PO BOX 31293</b>		<u>1/12/2022</u>		
Number Street				
<b>SALT LAKE CITY, UT 84131</b>		As of the date you file, the claim is: Check all that apply.		
City State ZIP Code		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>FlexibleSpendingCreditCard</u>		
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				



Debtor 1 Jimmy-Sharod Arnez Gibson Tate Case number (if known) \_\_\_\_\_  
Debtor 2 Jaleceya Arteanna Tate  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>4.10</b>	<b>CAPITAL ONE BANK USA</b>	Last 4 digits of account number	<u>4</u> <u>7</u> <u>3</u> <u>2</u>	<b>\$2,469.00</b>
Nonpriority Creditor's Name		When was the debt incurred?		
<b>PO BOX 31293</b>		<u>12/16/2022</u>		
Number Street				
<b>SALT LAKE CITY, UT 84131</b>		As of the date you file, the claim is: Check all that apply.		
City State ZIP Code		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

<b>4.11</b>	<b>CAPITAL ONE BANK USA</b>	Last 4 digits of account number	<u>7</u> <u>4</u> <u>5</u> <u>6</u>	<b>\$687.00</b>
Nonpriority Creditor's Name		When was the debt incurred?		
<b>PO BOX 31293</b>		<u>11/21/2018</u>		
Number Street				
<b>SALT LAKE CITY, UT 84131</b>		As of the date you file, the claim is: Check all that apply.		
City State ZIP Code		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Jimmy-Sharod Arnez Gibson Tate Case number (if known) \_\_\_\_\_  
Debtor 2 Jaleceya Arteanna Tate  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.12** CBNA/WAYFAIR Last 4 digits of account number 5 3 4 2 \$3,000.00

Nonpriority Creditor's Name

50 NW POINT BLVD

Number Street

When was the debt incurred?

12/14/2022

ELK GROVE VILLAGE, IL 60007

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify ChargeAccount

Is the claim subject to offset?

- ☒ No  
☐ Yes

**4.13** CONTRACT CALLERS, I Last 4 digits of account number 5 2 0 3 \$33.00

Nonpriority Creditor's Name

501 GREENE ST STE 302

Number Street

When was the debt incurred?

5/17/2024

AUGUSTA, GA 30901

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify CollectionAttorney

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor 1 Jimmy-Sharod Arnez Gibson Tate Case number (if known) \_\_\_\_\_  
Debtor 2 Jaleceya Arteanna Tate  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<b>4.14</b>	<b>CREDIT ONE BANK</b>	Last 4 digits of account number	<u>7</u> <u>3</u> <u>1</u> <u>3</u>	<b>\$1,888.00</b>
Nonpriority Creditor's Name		When was the debt incurred?		
<b>6801 S. CIMARRON ROAD</b>		<u>9/12/2019</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
<b>LAS VEGAS, NV 89113</b>		<input type="checkbox"/> Contingent		
City State ZIP Code		<input type="checkbox"/> Unliquidated		
Who incurred the debt? Check one.		<input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Student loans		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

<b>4.15</b>	<b>CREDIT ONE BANK</b>	Last 4 digits of account number	<u>1</u> <u>1</u> <u>9</u> <u>4</u>	<b>\$1,086.00</b>
Nonpriority Creditor's Name		When was the debt incurred?		
<b>PO BOX 98872</b>		<u>10/10/2017</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
<b>LAS VEGAS, NV 89193</b>		<input type="checkbox"/> Contingent		
City State ZIP Code		<input type="checkbox"/> Unliquidated		
Who incurred the debt? Check one.		<input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Student loans		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Jimmy-Sharod Arnez Gibson Tate Case number (if known) \_\_\_\_\_  
Debtor 2 Jaleceya Arteanna Tate  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>4.16</b>	<b>CREDIT ONE BANK NA</b>	Last 4 digits of account number	<u>X</u> <u>X</u> <u>X</u> <u>X</u>	<b>\$2,096.00</b>
Nonpriority Creditor's Name		When was the debt incurred?		
<b>PO BOX 98875</b>		<u>12/5/2022</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
<b>LAS VEGAS, NV 89193</b>		<input type="checkbox"/> Contingent		
City State ZIP Code		<input type="checkbox"/> Unliquidated		
Who incurred the debt? Check one.		<input type="checkbox"/> Disputed		
<input checked="" type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

<b>4.17</b>	<b>CREDIT ONE BANK NA</b>	Last 4 digits of account number	<u>8</u> <u>8</u> <u>3</u> <u>8</u>	<b>\$861.00</b>
Nonpriority Creditor's Name		When was the debt incurred?		
<b>PO BOX 98875</b>		<u>10/17/2017</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
<b>LAS VEGAS, NV 89193</b>		<input type="checkbox"/> Contingent		
City State ZIP Code		<input type="checkbox"/> Unliquidated		
Who incurred the debt? Check one.		<input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Student loans		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Jimmy-Sharod Arnez Gibson Tate Case number (if known) \_\_\_\_\_  
Debtor 2 Jaleceya Arteanna Tate  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

**4.18** DEPT OF EDUCATION/NELN Last 4 digits of account number 2 2 8 7 **\$8,693.00**

Nonpriority Creditor's Name

121 S 13TH ST

Number Street

LINCOLN, NE 68508

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred?

9/2/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

**4.19** DEPT OF EDUCATION/NELN Last 4 digits of account number 4 8 5 1 **\$7,368.00**

Nonpriority Creditor's Name

121 S 13TH ST

Number Street

LINCOLN, NE 68508

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred?

9/4/2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

Debtor 1 Jimmy-Sharod Arnez Gibson Tate Case number (if known) \_\_\_\_\_  
Debtor 2 Jaleceya Arteanna Tate  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>4.20</b>	<b>DEPT OF EDUCATION/NELN</b>	Last 4 digits of account number	<u>4</u> <u>5</u> <u>5</u> <u>1</u>	<b>\$6,652.00</b>
Nonpriority Creditor's Name		When was the debt incurred?		
<b>121 S 13TH ST</b>		<u>9/10/2018</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
<b>LINCOLN, NE 68508</b>		<input type="checkbox"/> Contingent		
City State ZIP Code		<input type="checkbox"/> Unliquidated		
Who incurred the debt? Check one.		<input type="checkbox"/> Disputed		
<input checked="" type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 2 only		<input checked="" type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

<b>4.21</b>	<b>DEPT OF EDUCATION/NELN</b>	Last 4 digits of account number	<u>1</u> <u>9</u> <u>8</u> <u>7</u>	<b>\$6,254.00</b>
Nonpriority Creditor's Name		When was the debt incurred?		
<b>121 S 13TH ST</b>		<u>9/3/2014</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
<b>LINCOLN, NE 68508</b>		<input type="checkbox"/> Contingent		
City State ZIP Code		<input type="checkbox"/> Unliquidated		
Who incurred the debt? Check one.		<input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 2 only		<input checked="" type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Jimmy-Sharod Arnez Gibson Tate Case number (if known) \_\_\_\_\_  
Debtor 2 Jaleceya Arteanna Tate  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>4.22</b>	<b>DEPT OF EDUCATION/NELN</b>	Last 4 digits of account number	<u>2</u> <u>1</u> <u>8</u> <u>7</u>	<b>\$6,192.00</b>
Nonpriority Creditor's Name		When was the debt incurred?		
<b>121 S 13TH ST</b>		<u>9/2/2015</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
<b>LINCOLN, NE 68508</b>		<input type="checkbox"/> Contingent		
City State ZIP Code		<input type="checkbox"/> Unliquidated		
Who incurred the debt? Check one.		<input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 2 only		<input checked="" type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

<b>4.23</b>	<b>DEPT OF EDUCATION/NELN</b>	Last 4 digits of account number	<u>1</u> <u>4</u> <u>8</u> <u>7</u>	<b>\$6,011.00</b>
Nonpriority Creditor's Name		When was the debt incurred?		
<b>121 S 13TH ST</b>		<u>1/26/2012</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
<b>LINCOLN, NE 68508</b>		<input type="checkbox"/> Contingent		
City State ZIP Code		<input type="checkbox"/> Unliquidated		
Who incurred the debt? Check one.		<input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 2 only		<input checked="" type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Jimmy-Sharod Arnez Gibson Tate Case number (if known) \_\_\_\_\_  
Debtor 2 Jaleceya Arteanna Tate  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

**4.24** DEPT OF EDUCATION/NELN Last 4 digits of account number 4 7 5 1 **\$5,707.00**

Nonpriority Creditor's Name

121 S 13TH ST

Number Street

LINCOLN, NE 68508

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred?

9/4/2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

**4.25** DEPT OF EDUCATION/NELN Last 4 digits of account number 1 6 8 7 **\$5,387.00**

Nonpriority Creditor's Name

121 S 13TH ST

Number Street

LINCOLN, NE 68508

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred?

9/25/2012

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_



Debtor 1 Jimmy-Sharod Arnez Gibson Tate Case number (if known) \_\_\_\_\_  
Debtor 2 Jaleceya Arteanna Tate  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.26** DEPT OF EDUCATION/NELN Last 4 digits of account number 2 0 8 7 **\$4,506.00**

Nonpriority Creditor's Name

121 S 13TH ST

Number Street

When was the debt incurred? 6/17/2015

LINCOLN, NE 68508

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes

**4.27** DEPT OF EDUCATION/NELN Last 4 digits of account number 1 5 8 7 **\$4,329.00**

Nonpriority Creditor's Name

121 S 13TH ST

Number Street

When was the debt incurred? 6/14/2012

LINCOLN, NE 68508

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor 1 Jimmy-Sharod Arnez Gibson Tate Case number (if known) \_\_\_\_\_  
Debtor 2 Jaleceya Arteanna Tate  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.28** DEPT OF EDUCATION/NELN Last 4 digits of account number 3 8 5 1 \$3,860.00

Nonpriority Creditor's Name

121 S 13TH ST

Number Street

When was the debt incurred? 2/20/2014

LINCOLN, NE 68508

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes

**4.29** DEPT OF EDUCATION/NELN Last 4 digits of account number 3 9 5 1 \$3,847.00

Nonpriority Creditor's Name

121 S 13TH ST

Number Street

When was the debt incurred? 6/15/2015

LINCOLN, NE 68508

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor 1 Jimmy-Sharod Arnez Gibson Tate Case number (if known) \_\_\_\_\_  
Debtor 2 Jaleceya Arteanna Tate  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

**4.30** DEPT OF EDUCATION/NELN Last 4 digits of account number 4 1 5 1 **\$3,721.00**

Nonpriority Creditor's Name

121 S 13TH ST

Number Street

LINCOLN, NE 68508

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred?

8/31/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

**4.31** DEPT OF EDUCATION/NELN Last 4 digits of account number 4 4 5 1 **\$3,647.00**

Nonpriority Creditor's Name

121 S 13TH ST

Number Street

LINCOLN, NE 68508

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred?

9/10/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

Debtor 1 Jimmy-Sharod Arnez Gibson Tate Case number (if known) \_\_\_\_\_  
Debtor 2 Jaleceya Arteanna Tate  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>4.32</b>	<b>DEPT OF EDUCATION/NELN</b>	Last 4 digits of account number	<u>1</u> <u>7</u> <u>8</u> <u>7</u>	<b>\$3,329.00</b>
Nonpriority Creditor's Name		When was the debt incurred?		
<u>121 S 13TH ST</u>		<u>9/25/2012</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
<u>LINCOLN, NE 68508</u>		<input type="checkbox"/> Contingent		
City State ZIP Code		<input type="checkbox"/> Unliquidated		
Who incurred the debt? Check one.		<input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 2 only		<input checked="" type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

<b>4.33</b>	<b>DEPT OF EDUCATION/NELN</b>	Last 4 digits of account number	<u>4</u> <u>0</u> <u>5</u> <u>1</u>	<b>\$2,455.00</b>
Nonpriority Creditor's Name		When was the debt incurred?		
<u>121 S 13TH ST</u>		<u>8/31/2015</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
<u>LINCOLN, NE 68508</u>		<input type="checkbox"/> Contingent		
City State ZIP Code		<input type="checkbox"/> Unliquidated		
Who incurred the debt? Check one.		<input type="checkbox"/> Disputed		
<input checked="" type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 2 only		<input checked="" type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Jimmy-Sharod Arnez Gibson Tate Case number (if known) \_\_\_\_\_  
Debtor 2 Jaleceya Arteanna Tate  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

**4.34** DEPT OF EDUCATION/NELN Last 4 digits of account number 1 2 8 7 **\$2,045.00**

Nonpriority Creditor's Name

121 S 13TH ST

Number Street

When was the debt incurred? 10/11/2011

LINCOLN, NE 68508

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes

**4.35** DEPT OF EDUCATION/NELN Last 4 digits of account number 3 5 5 1 **\$2,005.00**

Nonpriority Creditor's Name

121 S 13TH ST

Number Street

When was the debt incurred? 9/24/2012

LINCOLN, NE 68508

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor 1 Jimmy-Sharod Arnez Gibson Tate Case number (if known) \_\_\_\_\_  
Debtor 2 Jaleceya Arteanna Tate  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.36** DEPT OF EDUCATION/NELN Last 4 digits of account number 4 2 5 1 **\$1,909.00**

Nonpriority Creditor's Name

121 S 13TH ST

Number Street

LINCOLN, NE 68508

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred?

1/27/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

**4.37** DEPT OF EDUCATION/NELN Last 4 digits of account number 4 3 5 1 **\$1,823.00**

Nonpriority Creditor's Name

121 S 13TH ST

Number Street

LINCOLN, NE 68508

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred?

2/29/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

Debtor 1 Jimmy-Sharod Arnez Gibson Tate Case number (if known) \_\_\_\_\_  
Debtor 2 Jaleceya Arteanna Tate  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.38** DEPT OF EDUCATION/NELN Last 4 digits of account number 1 8 8 7 \$1,640.00

Nonpriority Creditor's Name

121 S 13TH ST

Number Street

When was the debt incurred? 2/13/2013

LINCOLN, NE 68508

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes

**4.39** DEPT OF EDUCATION/NELN Last 4 digits of account number 3 6 5 1 \$1,588.00

Nonpriority Creditor's Name

121 S 13TH ST

Number Street

When was the debt incurred? 9/24/2012

LINCOLN, NE 68508

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor 1 Jimmy-Sharod Arnez Gibson Tate Case number (if known) \_\_\_\_\_  
Debtor 2 Jaleceya Arteanna Tate  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

**4.40** DEPT OF EDUCATION/NELN Last 4 digits of account number 1 1 8 7 **\$1,471.00**

Nonpriority Creditor's Name

121 S 13TH ST

Number Street

When was the debt incurred? 9/21/2011

LINCOLN, NE 68508

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes

**4.41** DEPT OF EDUCATION/NELN Last 4 digits of account number 4 6 5 1 **\$1,042.00**

Nonpriority Creditor's Name

121 S 13TH ST

Number Street

When was the debt incurred? 6/19/2019

LINCOLN, NE 68508

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes



Debtor 1 Jimmy-Sharod Arnez Gibson Tate Case number (if known) \_\_\_\_\_  
Debtor 2 Jaleceya Arteanna Tate  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>4.42</b>	<b>DEPT OF EDUCATION/NELN</b>	Last 4 digits of account number	<u>1</u> <u>3</u> <u>8</u> <u>7</u>	<b>\$597.00</b>
Nonpriority Creditor's Name		When was the debt incurred?		
<u>121 S 13TH ST</u>		<u>1/26/2012</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
<u>LINCOLN, NE 68508</u>		<input type="checkbox"/> Contingent		
City State ZIP Code		<input type="checkbox"/> Unliquidated		
Who incurred the debt? Check one.		<input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 2 only		<input checked="" type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

<b>4.43</b>	<b>DEPT OF EDUCATION/NELN</b>	Last 4 digits of account number	<u>3</u> <u>7</u> <u>5</u> <u>1</u>	<b>\$576.00</b>
Nonpriority Creditor's Name		When was the debt incurred?		
<u>121 S 13TH ST</u>		<u>11/16/2012</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
<u>LINCOLN, NE 68508</u>		<input type="checkbox"/> Contingent		
City State ZIP Code		<input type="checkbox"/> Unliquidated		
Who incurred the debt? Check one.		<input type="checkbox"/> Disputed		
<input checked="" type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 2 only		<input checked="" type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Jimmy-Sharod Arnez Gibson Tate Case number (if known) \_\_\_\_\_  
Debtor 2 Jaleceya Arteanna Tate  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>4.44</b>	<b>DISCOVER BANK</b> Nonpriority Creditor's Name <b>PO BOX 30939</b> Number Street <b>SALT LAKE CITY, UT 84130</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7 7 5 2</u> <b>When was the debt incurred?</b> <u>1/2/2023</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	<b>\$10,998.00</b>
<b>4.45</b>	<b>DISCOVER BANK</b> Nonpriority Creditor's Name <b>PO BOX 30939</b> Number Street <b>SALT LAKE CITY, UT 84130</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5 4 1 4</u> <b>When was the debt incurred?</b> <u>10/16/2017</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	<b>\$2,720.00</b>

Debtor 1 Jimmy-Sharod Arnez Gibson Tate Case number (if known) \_\_\_\_\_  
Debtor 2 Jaleceya Arteanna Tate  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.46** DIVERSIFIED ADJUSTMENT Last 4 digits of account number 7 3 2 1 \$656.00

Nonpriority Creditor's Name

600 COON RAPIDS BLVD NW

Number Street

COON RAPIDS, MN 55433

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred?

3/27/2020

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify CollectionAttorney

**4.47** Georgia Auto Pawn Inc. Last 4 digits of account number \_\_\_\_\_ \$3,850.00

Nonpriority Creditor's Name

4315 Pio Nono Ave

Number Street

Macon, GA 31206-2728

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred?

2022

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Car Loan - repo deficiency

Debtor 1 Jimmy-Sharod Arnez Gibson Tate Case number (if known) \_\_\_\_\_  
Debtor 2 Jaleceya Arteanna Tate  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>4.48</b>	<b>Healthie Inc.</b>	Last 4 digits of account number	_____	<b>\$3,981.31</b>
	Nonpriority Creditor's Name	When was the debt incurred?	<u>06/2024 - 07/2024</u>	
	<u>12 E 49th St</u>			
	Number Street			
	<u>New York, NY 10017-1028</u>	As of the date you file, the claim is: Check all that apply.		
	City State ZIP Code	<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>Vendor</u>		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

<b>4.49</b>	<b>LVNV FUNDING LLC</b>	Last 4 digits of account number	<u>9 1 7 1</u>	<b>\$2,127.00</b>
	Nonpriority Creditor's Name	When was the debt incurred?	<u>5/20/2024</u>	
	<u>PO BOX 1269</u>			
	Number Street	As of the date you file, the claim is: Check all that apply.		
	<u>GREENVILLE, SC 29602</u>	<input type="checkbox"/> Contingent		
	City State ZIP Code	<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>FactoringCompanyAccount</u>		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

Debtor 1 Jimmy-Sharod Arnez Gibson Tate Case number (if known) \_\_\_\_\_  
Debtor 2 Jaleceya Arteanna Tate  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
<b>4.50</b>	<b>LVNV FUNDING LLC</b> Nonpriority Creditor's Name <b>PO BOX 1269</b> Number Street <b>GREENVILLE, SC 29602</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7 3 1 3</u> <b>When was the debt incurred?</b> <u>5/20/2024</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>FactoringCompanyAccount</u>	<b>\$1,888.00</b>	
<b>4.51</b>	<b>MERRICK BANK CORP</b> Nonpriority Creditor's Name <b>PO BOX 9201</b> Number Street <b>OLD BETHPAGE, NY 11804</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5 0 5 5</u> <b>When was the debt incurred?</b> <u>5/21/2021</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	<b>\$1,700.00</b>	

Debtor 1 Jimmy-Sharod Arnez Gibson Tate Case number (if known) \_\_\_\_\_  
Debtor 2 Jaleceya Arteanna Tate  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>4.52</b>	<b>MERRICK BANK CORP</b>	Last 4 digits of account number	<u>8 4 8 4</u>	<b>\$1,048.00</b>
Nonpriority Creditor's Name		When was the debt incurred? <u>10/14/2019</u>		
<b>PO BOX 9201</b>				
Number Street				
<b>OLD BETHPAGE, NY 11804</b>		As of the date you file, the claim is: Check all that apply.		
City State ZIP Code		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

<b>4.53</b>	<b>Monster</b>	Last 4 digits of account number	<u>          </u>	<b>\$705.00</b>
Nonpriority Creditor's Name		When was the debt incurred? <u>07/12/2024</u>		
<b>33 Boston Post Rd</b>				
Number Street				
<b>Weston, MA 02493</b>		As of the date you file, the claim is: Check all that apply.		
City State ZIP Code		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>Vendor</u>		
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Jimmy-Sharod Arnez Gibson Tate Case number (if known) \_\_\_\_\_  
Debtor 2 Jaleceya Arteanna Tate  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>4.54</b>	<b>NAVY FEDERAL CR UNION</b>	Last 4 digits of account number	<u>5</u> <u>6</u> <u>5</u> <u>4</u>	<b>\$6,408.00</b>
Nonpriority Creditor's Name		When was the debt incurred? <u>12/18/2021</u>		
<b>820 FOLLIN LN SE</b>				
Number Street				
<b>VIENNA, VA 22180</b>				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input checked="" type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>				

<b>4.55</b>	<b>NAVY FEDERAL CR UNION</b>	Last 4 digits of account number	<u>9</u> <u>2</u> <u>5</u> <u>2</u>	<b>\$1,118.00</b>
Nonpriority Creditor's Name		When was the debt incurred? <u>11/22/2018</u>		
<b>PO BOX 3700</b>				
Number Street				
<b>MERRIFIELD, VA 22119</b>				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input checked="" type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>				

Debtor 1 Jimmy-Sharod Arnez Gibson Tate Case number (if known) \_\_\_\_\_  
Debtor 2 Jaleceya Arteanna Tate  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>4.56</b>	<b>Northside Hospital Atlanta</b> Nonpriority Creditor's Name <b>1000 Johnson Ferry Rd</b> Number Street <b>Atlanta, GA 30342-1606</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> <u>2023</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	<b>\$12,000.00</b>
<b>4.57</b>	<b>SDFCU</b> Nonpriority Creditor's Name <b>1630 KING ST</b> Number Street <b>ALEXANDRIA, VA 22314</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>X X X X</u> <b>When was the debt incurred?</b> <u>10/16/2017</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	<b>\$866.00</b>



Debtor 1 Jimmy-Sharod Arnez Gibson Tate Case number (if known) \_\_\_\_\_  
Debtor 2 Jaleceya Arteanna Tate  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.58** STATE DEPT FCU Last 4 digits of account number 0 0 2 0 **\$866.00**

Nonpriority Creditor's Name

1630 KING ST

Number Street

ALEXANDRIA, VA 22314

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred?

10/16/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify CreditCard

**4.59** Titlemax Last 4 digits of account number \_\_\_\_\_ **\$4,200.00**

Nonpriority Creditor's Name

15 Bull St

Number Street

Savannah, GA 31401-2685

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred?

2022

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Auto Loan - Repo Deficiency

Debtor 1	<u>Jimmy-Sharod</u>	<u>Arnez Gibson</u>	<u>Tate</u>	Case number (if known) _____
Debtor 2	<u>Jaleceya</u>	<u>Arteanna</u>	<u>Tate</u>	
	First Name	Middle Name	Last Name	

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				<b>Total claim</b>
<b>Total claims from Part 1</b>	6a.	<b>Domestic support obligations</b>	6a.	<u>\$0.00</u>
	6b.	<b>Taxes and certain other debts you owe the government</b>	6b.	<u>\$0.00</u>
	6c.	<b>Claims for death or personal injury while you were intoxicated</b>	6c.	<u>\$0.00</u>
	6d.	<b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d. +	<u>\$0.00</u>
	6e.	<b>Total.</b> Add lines 6a through 6d.	6e.	<div><u>\$0.00</u></div>
				<b>Total claim</b>
<b>Total claims from Part 2</b>	6f.	<b>Student loans</b>	6f.	<u>\$96,654.00</u>
	6g.	<b>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</b>	6g.	<u>\$0.00</u>
	6h.	<b>Debts to pension or profit-sharing plans, and other similar debts</b>	6h.	<u>\$0.00</u>
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i. +	<u>\$239,261.19</u>
	6j.	<b>Total.</b> Add lines 6f through 6i.	6j.	<div><u>\$335,915.19</u></div>

Fill in this information to identify your case:

Debtor 1	<u>Jimmy-Sharod</u>	<u>Arnez Gibson</u>	<u>Tate</u>
	First Name	Middle Name	Last Name
Debtor 2	<u>Jaleceya</u>	<u>Arteanna</u>	<u>Tate</u>
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>District of Hawaii</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	<div><div>Name</div><div>Number Street</div><div>City State ZIP Code</div></div>	
2.2	<div><div>Name</div><div>Number Street</div><div>City State ZIP Code</div></div>	
2.3	<div><div>Name</div><div>Number Street</div><div>City State ZIP Code</div></div>	
2.4	<div><div>Name</div><div>Number Street</div><div>City State ZIP Code</div></div>	

Fill in this information to identify your case:

Debtor 1	<b>Jimmy-Sharod</b>	<b>Arnez Gibson</b>	<b>Tate</b>
	First Name	Middle Name	Last Name
Debtor 2	<b>Jaleceya</b>	<b>Arteanna</b>	<b>Tate</b>
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of <b>Hawaii</b>			
Case number	_____		
(if known)			

☐ Check if this is an amended filing

## Official Form 106H

# Schedule H: Your Codebtors

12/15

**Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.**

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No  
☒ Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☐ Yes. In which community state or territory did you live? \_\_\_\_\_. Fill in the name and current address of that person.

\_\_\_\_\_  
Name of your spouse, former spouse, or legal equivalent

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

**3.1 Cava Wellness Medical Group P.A.**

Name

**8950 Sw 74th Ct Ste 2201**

Number Street

**Miami, FL 33156-3181**

City State ZIP Code

☐ Schedule D, line \_\_\_\_\_

☒ Schedule E/F, line **4.2, 4.3, 4.53**

☐ Schedule G, line \_\_\_\_\_

**3.2**

Name

Number Street

City State ZIP Code

☐ Schedule D, line \_\_\_\_\_

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 Jimmy-Sharod Arnez Gibson Tate  
First Name Middle Name Last Name

Debtor 2 Jaleceya Arteanna Tate  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Hawaii

Case number \_\_\_\_\_  
(if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

##### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

##### Employment status

##### Occupation

##### Employer's name

##### Employer's address

##### How long employed there?

##### Debtor 1

☒ Employed ☐ Not Employed

Driver

Temco Logistics

99-1267 Waiua Pl

Number Street

Aiea, HI 96701-5642

City

State

Zip Code

1 month

##### Debtor 2 or non-filing spouse

☒ Employed ☐ Not Employed

Educator

Campbell High School

91-980 North Rd

Number Street

Ewa Beach, HI 96706-2746

City

State

Zip Code

1 month

#### Part 2: Give Details About Monthly Income

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. **List monthly gross wages, salary, and commissions** (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

2.

\$5,000.00

\$4,800.00

3. **Estimate and list monthly overtime pay.**

3.

+ \$0.00

+ \$0.00

4. **Calculate gross income.** Add line 2 + line 3.

4.

\$5,000.00

\$4,800.00

		For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here.....→	4.	\$5,000.00	\$4,800.00	
5. List all payroll deductions:				
5a. Tax, Medicare, and Social Security deductions	5a.	\$1,200.00	\$1,200.00	
5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00	
5c. Voluntary contributions for retirement plans	5c.	\$0.00	\$0.00	
5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00	
5e. Insurance	5e.	\$0.00	\$0.00	
5f. Domestic support obligations	5f.	\$0.00	\$0.00	
5g. Union dues	5g.	\$0.00	\$0.00	
5h. Other deductions. Specify: _____	5h. +	\$0.00	\$0.00	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$1,200.00	\$1,200.00	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$3,800.00	\$3,600.00	
8. List all other income regularly received:				
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$4,500.00	\$0.00	
8b. Interest and dividends	8b.	\$0.00	\$0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00	\$0.00	
8d. Unemployment compensation	8d.	\$0.00	\$0.00	
8e. Social Security	8e.	\$0.00	\$0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f.	\$0.00	\$0.00	
8g. Pension or retirement income	8g.	\$0.00	\$0.00	
8h. Other monthly income. Specify: _____	8h. +	\$0.00	\$0.00	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$4,500.00	\$0.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	\$8,300.00	\$3,600.00	\$11,900.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +		\$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies	12.		\$11,900.00	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: Debtors regained employment shoertly before filing this bankruptcy petition. The \$2,506.00 in food stamps benefits is not included because they will lose the right to collect it.				

8a. Attached Statement

Rental Income

1.	Gross Monthly Income:	\$4,500.00
2.	TOTAL EXPENSES	\$0.00
3.	AVERAGE NET MONTHLY INCOME	\$4,500.00

Fill in this information to identify your case:

Debtor 1	<u>Jimmy-Sharod</u>	<u>Arnez Gibson</u>	<u>Tate</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Jaleceya</u>	<u>Arteanna</u>	<u>Tate</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>District of Hawaii</u>		
Case number (if known)	<u></u>		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
<u>Child</u>	<u>13</u>	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes.
<u>Child</u>	<u>10</u>	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes.
<u>Child</u>	<u>7</u>	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes.
<u>Child</u>	<u>5</u>	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes.
<u></u>	<u></u>	<input type="checkbox"/> No. <input type="checkbox"/> Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$3,656.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \$0.00

4b. \$0.00

4c. \$0.00

4d. \$0.00



Debtor 1  
Debtor 2

**Jimmy-Sharod  
Jaleceya**

**Arnez Gibson  
Arteanna**

**Tate  
Tate**

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

		Your expenses
5. Additional mortgage payments for your residence, such as home equity loans	5.	\$0.00
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	\$400.00
6b. Water, sewer, garbage collection	6b.	\$0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$412.00
6d. Other. Specify: _____	6d.	\$0.00
7. Food and housekeeping supplies	7.	\$2,000.00
8. Childcare and children's education costs	8.	\$0.00
9. Clothing, laundry, and dry cleaning	9.	\$100.00
10. Personal care products and services	10.	\$100.00
11. Medical and dental expenses	11.	\$100.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$300.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$100.00
14. Charitable contributions and religious donations	14.	\$0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	\$0.00
15b. Health insurance	15b.	\$0.00
15c. Vehicle insurance	15c.	\$0.00
15d. Other insurance. Specify: _____	15d.	\$0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	\$0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a.	\$0.00
17b. Car payments for Vehicle 2	17b.	\$0.00
17c. Other. Specify: _____	17c.	\$0.00
17d. Other. Specify: _____	17d.	\$0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$0.00
19. Other payments you make to support others who do not live with you. Specify: _____	19.	\$0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a.	\$3,673.00
20b. Real estate taxes	20b.	\$0.00
20c. Property, homeowner's, or renter's insurance	20c.	\$0.00
20d. Maintenance, repair, and upkeep expenses	20d.	\$200.00
20e. Homeowner's association or condominium dues	20e.	\$0.00

21.

Other. Specify: Misc.

21.

+

\$109.00

22.

Calculate your monthly expenses.

22a.

Add lines 4 through 21.

22b.

Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c.

Add line 22a and 22b. The result is your monthly expenses.

22a.

\$11,150.00

22b.

\$0.00

22c.

\$11,150.00

23.

Calculate your monthly net income.

23a.

Copy line 12 (your combined monthly income) from *Schedule I*.

23b.

Copy your monthly expenses from line 22c above.

23c.

Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23a.

\$11,900.00

23b.

-\$11,150.00

23c.

\$750.00

24.

Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.
 

None

☐ Yes.

Fill in this information to identify your case:

Debtor 1	<u>Jimmy-Sharod</u>	<u>Arnez Gibson</u>	<u>Tate</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Jaleceya</u>	<u>Arteanna</u>	<u>Tate</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>District of Hawaii</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

## Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

- ☒ No
- ☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X** /s/ Jimmy-Sharod Arnez Gibson Tate  
Jimmy-Sharod Arnez Gibson Tate, Debtor 1

**X** /s/ Jaleceya Arteanna Tate  
Jaleceya Arteanna Tate, Debtor 2

Date 08/05/2024  
MM/ DD/ YYYY

Date 08/05/2024  
MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1 Jimmy-Sharod Arnez Gibson Tate  
First Name Middle Name Last Name

Debtor 2 Jaleceya Arteanna Tate  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Hawaii

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

## Official Form 107

# Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Give Details About Your Marital Status and Where You Lived Before

#### 1. What is your current marital status?

- ☒ Married
- ☐ Not married

#### 2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
- ☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
<u>439 Elliott Rd</u> Number Street	From <u>05/2021</u> To <u>02/2024</u>	<input checked="" type="checkbox"/> Same as Debtor 1	<input checked="" type="checkbox"/> Same as Debtor 1
<u>Mcdonough, GA 30252</u> City State ZIP Code		Number Street City State ZIP Code	From _____ To _____
Number Street	From _____ To _____	<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
City State ZIP Code		Number Street City State ZIP Code	From _____ To _____

#### 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
- ☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1  
Debtor 2

<b>Jimmy-Sharod</b> <b>Jaleceya</b>	<b>Arnez Gibson</b> <b>Arteanna</b>	<b>Tate</b> <b>Tate</b>
First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Explain the Sources of Your Income**

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No

☒ Yes. Fill in the details.

	<b>Debtor 1</b>	<b>Debtor 2</b>
	<b>Sources of income</b> Check all that apply.	<b>Sources of income</b> Check all that apply.
	<b>Gross Income</b> (before deductions and exclusions)	<b>Gross Income</b> (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	<b>\$4,000.00</b>	
<b>For last calendar year:</b> (January 1 to December 31, <u>2023</u> ) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	<b>\$25,000.00</b>	<b>\$52,000.00</b>
<b>For the calendar year before that:</b> (January 1 to December 31, <u>2022</u> ) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
		<b>\$72,000.00</b>

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

☐ No

☒ Yes. Fill in the details.

	<b>Debtor 1</b>	<b>Debtor 2</b>
	<b>Sources of income</b> Describe below.	<b>Sources of income</b> Describe below.
	<b>Gross income from each source</b> (before deductions and exclusions)	<b>Gross Income from each source</b> (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>		<b>Food Stamps</b>
		<b>\$12,000.00</b>
<b>For last calendar year:</b> (January 1 to December 31, <u>2023</u> ) YYYY		
<b>For the calendar year before that:</b> (January 1 to December 31, <u>2022</u> ) YYYY		

Debtor 1  
Debtor 2

Jimmy-Sharod	Arnez Gibson	Tate
Jaleceya	Arteanna	Tate
First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

☐ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575\* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$7,575\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

☒ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☒ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name				<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
City State ZIP Code				<input type="checkbox"/> Other _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name				
Number Street				
City State ZIP Code				

Debtor 1  
Debtor 2

Jimmy-Sharod  
Jaleceya

Arnez Gibson  
Arteanna

Tate  
Tate

Case number (if known)

First NameMiddle NameLast Name

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?  
Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
- ☐ Yes. List all payments that benefited an insider.

		Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name					
Number	Street				
City	State	ZIP Code			

Part 4:

Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?  
List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
- ☒ Yes. Fill in the details.

		Nature of the case	Court or agency	Status of the case
Case title	Unknown	Non judicial foreclosure in Atlanta, GA. Auction scheduled for 08/06/2024	NA	<input checked="" type="checkbox"/> Pending
Case number			Court Name	<input type="checkbox"/> On appeal
			Number Street	<input type="checkbox"/> Concluded
			City State ZIP Code	

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?  
Check all that apply and fill in the details below.

- ☐ No. Go to line 11.
- ☒ Yes. Fill in the information below.

Debtor 1 **Jimmy-Sharod** **Arnez Gibson** **Tate**  
Debtor 2 **Jaleceya** **Arteanna** **Tate**  
First Name Middle Name Last Name Case number (if known) \_\_\_\_\_

**Titlemax**

Creditor's Name

**15 Bull St**

Number Street

**Savannah, GA 31401-2685**

City State ZIP Code

Describe the property	Date	Value of the property
2014 GMC Terrain	01/2024	\$5,000.00

**Explain what happened**

- ☒ Property was repossessed.  
☐ Property was foreclosed.  
☐ Property was garnished.  
☐ Property was attached, seized, or levied.

**Georgia Auto Pawn Inc.**

Creditor's Name

**4315 Pio Nono Ave**

Number Street

**Macon, GA 31206-2728**

City State ZIP Code

Describe the property	Date	Value of the property
2015 Ford Flex	04/2024	\$3,000.00

**Explain what happened**

- ☒ Property was repossessed.  
☐ Property was foreclosed.  
☐ Property was garnished.  
☐ Property was attached, seized, or levied.

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No  
☐ Yes. Fill in the details.

Creditor's Name

Number Street

City State ZIP Code

Describe the action the creditor took	Date action was taken	Amount

Last 4 digits of account number: XXXX- \_ \_ \_ \_

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No  
☐ Yes

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No  
☐ Yes. Fill in the details for each gift.



Debtor 1 **Jimmy-Sharod** **Arnez Gibson** **Tate**  
Debtor 2 **Jaleceya** **Arteanna** **Tate**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			
Number Street			
City State ZIP Code			
Person's relationship to you _____			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
- ☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name			
Number Street			
City State ZIP Code			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
- ☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost

Debtor 1 **Jimmy-Sharod** **Arnez Gibson** **Tate**  
Debtor 2 **Jaleceya** **Arteanna** **Tate**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 7:** List Certain Payments or Transfers

**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No

☒ Yes. Fill in the details.

**Square One Legal LLC**

Person Who Was Paid

**1001 Bishop St. 2850**

Number Street

**Honolulu, HI 96813**

City State ZIP Code

**ofir@squareonelegal.com**

Email or website address

Person Who Made the Payment, if Not You

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Attorney's Fee	8/5/2024	\$37.10

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

☒ No

☐ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid		
Number Street		
City State ZIP Code		

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

☒ No

☐ Yes. Fill in the details.

Debtor 1 **Jimmy-Sharod** **Arnez Gibson** **Tate**  
Debtor 2 **Jaleceya** **Arteanna** **Tate**  
First Name Middle Name Last Name Case number (if known) \_\_\_\_\_

Description and value of property transferred		Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer			
Number Street			
City State ZIP Code			
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No  
☐ Yes. Fill in the details.

Description and value of the property transferred	Date transfer was made
Name of trust	

**Part 8:** List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No  
☐ Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
XXXX- - - -	<input type="checkbox"/> Checking		
	<input type="checkbox"/> Savings		
	<input type="checkbox"/> Money market		
	<input type="checkbox"/> Brokerage		
	<input type="checkbox"/> Other		
Name of Financial Institution			
Number Street			
City State ZIP Code			

Debtor 1  
Debtor 2

**Jimmy-Sharod  
Jaleceya**

**Arnez Gibson  
Arteanna**

**Tate  
Tate**

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**



No

☐ Yes. Fill in the details.

Who else had access to it?		Describe the contents	Do you still have it?
<div><div>Name of Financial Institution</div><div><div>Number</div><div>Street</div></div><div></div><div><div>City</div><div>State</div><div>ZIP Code</div></div></div>			<div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>
<div><div>Name</div><div><div>Number</div><div>Street</div></div><div></div><div><div>City</div><div>State</div><div>ZIP Code</div></div></div>			

**22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**



No

☐ Yes. Fill in the details.

Who else has or had access to it?		Describe the contents	Do you still have it?
<div><div>Name of Storage Facility</div><div><div>Number</div><div>Street</div></div><div></div><div><div>City</div><div>State</div><div>ZIP Code</div></div></div>			<div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>
<div><div>Name</div><div><div>Number</div><div>Street</div></div><div></div><div><div>City</div><div>State</div><div>ZIP Code</div></div></div>			

**Part 9:** Identify Property You Hold or Control for Someone Else

**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**



No

☐ Yes. Fill in the details.

Debtor 1  
Debtor 2

**Jimmy-Sharod  
Jaleceya**

**Arnez Gibson  
Arteanna**

**Tate  
Tate**

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

Where is the property?		Describe the property	Value
<b>Owner's Name</b> _____ <b>Number</b> <b>Street</b> _____ <b>Number</b> <b>Street</b> _____ <b>City</b> <b>State</b> <b>ZIP Code</b> _____		<div></div>	_____
<b>City</b> <b>State</b> <b>ZIP Code</b> _____			

**Part 10:** Give Details About Environmental Information

**For the purpose of Part 10, the following definitions apply:**

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

**Report all notices, releases, and proceedings that you know about, regardless of when they occurred.**

**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

☒ No

☐ Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
<b>Name of site</b> _____ <b>Number</b> <b>Street</b> _____ <b>City</b> <b>State</b> <b>ZIP Code</b> _____	<b>Governmental unit</b> _____ <b>Number</b> <b>Street</b> _____ <b>City</b> <b>State</b> <b>ZIP Code</b> _____	<div></div>

**25. Have you notified any governmental unit of any release of hazardous material?**

☒ No

☐ Yes. Fill in the details.

Debtor 1	<b>Jimmy-Sharod</b>	<b>Arnez Gibson</b>	<b>Tate</b>	Case number (if known) _____
Debtor 2	<b>Jaleceya</b>	<b>Arteanna</b>	<b>Tate</b>	
	First Name	Middle Name	Last Name	

Governmental unit		Environmental law, if you know it	Date of notice
Name of site _____			_____
Governmental unit _____			
Number _____	Street _____		
City _____		State _____	ZIP Code _____
City _____	State _____	ZIP Code _____	

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
- ☐ Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case	
Case title _____		<input type="checkbox"/> Pending	
Court Name _____		<input type="checkbox"/> On appeal	
Number _____		<input type="checkbox"/> Concluded	
Street _____			
Case number _____	City _____	State _____	ZIP Code _____

**Part 11:** Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation
- ☐ No. None of the above applies. Go to Part 12.
- ☒ Yes. Check all that apply above and fill in the details below for each business.

<b>Heartland Homes Realty LLC</b> Name _____  <b>1201 W Peachtree St Nw Ste 2300</b> Number _____ Street _____  <b>Atlanta, GA 30309-3453</b> City _____ State _____ ZIP Code _____	<b>Describe the nature of the business</b> <b>Home renovations</b>	<b>Employer Identification number</b> <b>Do not include Social Security number or ITIN.</b>  EIN: <u>8</u> <u>2</u> - <u>4</u> <u>5</u> <u>9</u> <u>7</u> <u>8</u> <u>6</u> <u>1</u>
	<b>Name of accountant or bookkeeper</b> _____	<b>Dates business existed</b>  From <u>07/31/2017</u> To <u>02/2024</u>

Debtor 1  
Debtor 2

**Jimmy-Sharod**  
**Jaleceya**

**Arnez Gibson**  
**Arteanna**

**Tate**  
**Tate**

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Cava Wellness Medical Group**

**P.A.**

Name

**8950 Sw 74th Ct Ste 2201**

Number Street

**Miami, FL 33156-3181**

City State ZIP Code

**Stonelake Vending Services**

**LLC**

Name

**1201 W Peachtree St Nw Ste**

**2300**

Number Street

**Atlanta, GA 30309-3453**

City State ZIP Code

**Cava Wellness Medical Group**

**P.A.**

Name

**8950 Sw 74th Ct Ste 2201**

Number Street

**Miami, FL 33156-3181**

City State ZIP Code

**Heartland Homes Realty LLC**

Name

**1201 W Peachtree St Nw Ste**

**2300**

Number Street

**Atlanta, GA 30309-3453**

City State ZIP Code

Describe the nature of the business

Online Therapy

Employer Identification number

Do not include Social Security number or ITIN.

EIN: 9 9 - 1 5 8 0 0 9 8

Name of accountant or bookkeeper

Dates business existed

From 12/2023 To 05/2024

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

EIN: 9 3 - 2 8 3 5 8 3 1

Name of accountant or bookkeeper

Dates business existed

From 08/06/2023 To 10/2023

Describe the nature of the business

Online Therapy

Employer Identification number

Do not include Social Security number or ITIN.

EIN: 9 9 - 1 5 8 0 0 9 8

Name of accountant or bookkeeper

Dates business existed

From 12/2023 To 05/2024

Describe the nature of the business

Home renovations

Employer Identification number

Do not include Social Security number or ITIN.

EIN: 8 2 - 4 5 9 7 8 6 1

Name of accountant or bookkeeper

Dates business existed

From 07/31/2017 To 02/2024

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

Debtor 1	<b>Jimmy-Sharod</b>	<b>Arnez Gibson</b>	<b>Tate</b>	Case number (if known) _____
Debtor 2	<b>Jaleceya</b>	<b>Arteanna</b>	<b>Tate</b>	
	First Name	Middle Name	Last Name	

Date issued

Name

MM / DD / YYYY

Number

Street

City

State

ZIP Code

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Jimmy-Sharod Arnez Gibson Tate  
Signature of Jimmy-Sharod Arnez Gibson Tate, Debtor  
1

X /s/ Jaleceya Arteanna Tate  
Signature of Jaleceya Arteanna Tate, Debtor 2

Date 08/05/2024

Date 08/05/2024

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).



**United States Bankruptcy Court**  
District of Hawaii

**In re**      Tate, Jimmy-Sharod Arnez Gibson

Tate, Jaleceya Arteanna

Case No. \_\_\_\_\_

**Debtor**

Chapter 13

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... **\$5,000.00**

Prior to the filing of this statement I have received ..... **\$37.10**

Balance Due ..... **\$4,962.90**

2. The source of the compensation paid to me was:

☒ Debtor      ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor      ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Negotiations with secured creditors to reduce to market value; exemption planning; for post-petition stay and discharge violations, I have agreed to accept fees at \$325.00 per hour or 40% of the total recovery, whichever is greater.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of the debtors in any stay violation actions, dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**08/05/2024**

*Date*

**/s/ Ofir Raviv**

Ofir Raviv

*Signature of Attorney*

Bar Number: 10413

Square One Legal LLC

1001 Bishop St. 2850

Honolulu, HI 96813

Phone: (808) 201-6000

**Square One Legal LLC**

*Name of law firm*

Fill in this information to identify your case:

Debtor 1	<u>Jimmy-Sharod</u>	<u>Arnez Gibson</u>	<u>Tate</u>
	First Name	Middle Name	Last Name
Debtor 2	<u>Jaleceya</u>	<u>Arteanna</u>	<u>Tate</u>
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>District of Hawaii</u>		
Case number (if known)	<u></u>		

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☒ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☐ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☒ 3. The commitment period is 3 years.
- ☐ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

## Official Form 122C-1

# Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

### Part 1: Calculate Your Average Monthly Income

1. **What is your marital and filing status?** Check one only.

☐ **Not married.** Fill out Column A, lines 2-11.

☒ **Married.** Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. <b>Your gross wages, salary, tips, bonuses, overtime, and commissions</b> (before all payroll deductions).	<u>\$5,000.00</u>	<u>\$4,800.00</u>
3. <b>Alimony and maintenance payments.</b> Do not include payments from a spouse.	<u>\$0.00</u>	<u>\$0.00</u>
4. <b>All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.</b> Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.	<u>\$0.00</u>	<u>\$0.00</u>
5. <b>Net income from operating a business, profession, or farm</b>		
	Debtor 1	Debtor 2
Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>
Ordinary and necessary operating expenses	- <u>\$0.00</u>	- <u>\$0.00</u>
Net monthly income from a business, profession, or farm	<u>\$0.00</u>	<u>\$0.00</u>
	Copy here →	<u>\$0.00</u>
6. <b>Net income from rental and other real property</b>		
	Debtor 1	Debtor 2
Gross receipts (before all deductions)	<u>\$4,500.00</u>	<u>\$0.00</u>
Ordinary and necessary operating expenses	- <u>\$3,700.00</u>	- <u>\$0.00</u>
Net monthly income from rental or other real property	<u>\$800.00</u>	<u>\$0.00</u>
	Copy here →	<u>\$800.00</u>

Debtor 1  
Debtor 2

**Jimmy-Sharod**  
**Jaleceya**

**Arnez Gibson**  
**Arteanna**

**Tate**  
**Tate**

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**7. Interest, dividends, and royalties**

Column A  
Debtor 1

Column B  
Debtor 2 or  
non-filing spouse

\$0.00

\$0.00

**8. Unemployment compensation**

\$0.00

\$0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: ..... ↓

For you..... \$0.00

For your spouse..... \$0.00

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$0.00

\$0.00

**10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

\_\_\_\_\_  
\_\_\_\_\_

Total amounts from separate pages, if any.

\_\_\_\_\_  
\_\_\_\_\_

+ \_\_\_\_\_

\$5,800.00

\_\_\_\_\_  
\_\_\_\_\_

+ \_\_\_\_\_

\$4,800.00

= \$10,600.00

Total average  
monthly income

**11. Calculate your total average monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

**Part 2: Determine How to Measure Your Deductions from Income**

**12. Copy your total average monthly income from line 11.** .....

\$10,600.00

**13. Calculate the marital adjustment.** Check one:

☐ You are not married. Fill in 0 below.

☒ You are married and your spouse is filing with you. Fill in 0 below.

☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

+ \_\_\_\_\_

\$0.00

Copy here. →

- \$0.00

Total.....

**14. Your current monthly income.** Subtract the total in line 13 from line 12.

\$10,600.00

Debtor 1 **Jimmy-Sharod** **Arnez Gibson** **Tate**  
Debtor 2 **Jaleceya** **Arteanna** **Tate**  
First Name Middle Name Last Name Case number (if known) \_\_\_\_\_

15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here → ..... **\$10,600.00**  
Multiply line 15a by 12 (the number of months in a year). **x 12**  
15b. The result is your current monthly income for the year for this part of the form..... **\$127,200.00**

16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live. **Hawaii**  
16b. Fill in the number of people in your household. **6**  
16c. Fill in the median family income for your state and size of household. .... **\$153,456.00**  
To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?

- 17a. ☒ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).
- 17b. ☐ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)

18. Copy your total average monthly income from line 11. .... **\$10,600.00**

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a. .... - **\$0.00**  
19b. Subtract line 19a from line 18. **\$10,600.00**

20. Calculate your current monthly income for the year. Follow these steps.

20a. Copy line 19b..... **\$10,600.00**  
Multiply by 12 (the number of months in a year). **x 12**  
20b. The result is your current monthly income for the year for this part of the form. **\$127,200.00**  
20c. Copy the median family income for your state and size of household from line 16c. .... **\$153,456.00**

21. How do the lines compare?

- ☒ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.
- ☐ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

**X** **/s/ Jimmy-Sharod Arnez Gibson Tate**  
Signature of Debtor 1

Date **08/05/2024**  
MM/ DD/ YYYY

**X** **/s/ Jaleceya Arteanna Tate**  
Signature of Debtor 2

Date **08/05/2024**  
MM/ DD/ YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

IN THE UNITED STATES BANKRUPTCY COURT  
DISTRICT OF HAWAII  
HONOLULU DIVISION

IN RE: **Tate, Jimmy-Sharod Arnez Gibson**  
**Tate, Jaleceya Arteanna**

CASE NO

CHAPTER 13

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 08/05/2024 Signature /s/ Jimmy-Sharod Arnez Gibson Tate  
Jimmy-Sharod Arnez Gibson Tate, Debtor

Date 08/05/2024 Signature /s/ Jaleceya Arteanna Tate  
Jaleceya Arteanna Tate, Joint Debtor

333 Hazel LLC  
382 Ne 191st St # 87963  
Miami, FL 33179-3899

Adecco Staffing  
1001 Bishop St. 2370  
Honolulu, HI 96813

AdvanceMD  
698 W 10000 S  
South Jordan, UT 84095-4031

Adventist Health Castle  
3075 E Imperial Hwy Ste 200  
Brea, CA 92821-6753

AMERICAN EXPRESS  
PO BOX 297871  
FORT LAUDERDALE, FL 33329

APPLE CARD/GS BANK USA  
LOCKBOX 6112 PO BOX 7247  
PHILADELPHIA, PA 19170

CAPITAL ONE BANK USA  
PO BOX 31293  
SALT LAKE CITY, UT 84131

CARRINGTON MORTGAGE  
1600 S DOUGLASS RD STE 1  
ANAHEIM, CA 92806

CBNA/WAYFAIR  
50 NW POINT BLVD  
ELK GROVE VILLAGE, IL 60007

CONTRACT CALLERS, I  
501 GREENE ST STE 302  
AUGUSTA, GA 30901

CREDIT ONE BANK  
6801 S. CIMARRON ROAD  
LAS VEGAS, NV 89113

CREDIT ONE BANK  
PO BOX 98872  
LAS VEGAS, NV 89193

CREDIT ONE BANK NA  
PO BOX 98875  
LAS VEGAS, NV 89193

Department of Taxation  
Attn: Bankruptcy Unit  
P.O. Box 259  
Honolulu, HI 96809

DEPT OF EDUCATION/NELN  
121 S 13TH ST  
LINCOLN, NE 68508

DISCOVER BANK  
PO BOX 30939  
SALT LAKE CITY, UT 84130



DIVERSIFIED ADJUSTMENT  
600 COON RAPIDS BLVD NW  
COON RAPIDS, MN 55433

Equifax Credit Information  
Po Box 740241  
Atlanta, GA 30374-0241

Experian  
Po Box 2002  
Allen, TX 75013-2002

Georgia Auto Pawn Inc.  
4315 Pio Nono Ave  
Macon, GA 31206-2728

Healthie Inc.  
12 E 49th St  
New York, NY 10017-1028

Internal Revenue Service  
Centralized Insolvency Operation  
Po Box 7346  
Philadelphia, PA 19101-7346

LVNV FUNDING LLC  
PO BOX 1269  
GREENVILLE, SC 29602

MERRICK BANK CORP  
PO BOX 9201  
OLD BETHPAGE, NY 11804

Monster  
33 Boston Post Rd  
Weston, MA 02493

NAVY FEDERAL CR UNION  
820 FOLLIN LN SE  
VIENNA, VA 22180

NAVY FEDERAL CR UNION  
PO BOX 3700  
MERRIFIELD, VA 22119

Northside Hospital Atlanta  
1000 Johnson Ferry Rd  
Atlanta, GA 30342-1606

SDFCU  
1630 KING ST  
ALEXANDRIA, VA 22314

STATE DEPT FCU  
1630 KING ST  
ALEXANDRIA, VA 22314

Titlemax  
15 Bull St  
Savannah, GA 31401-2685

Transunion  
Po Box 2000  
Chester, PA 19016